

**BCC NAME****IN-HOME SUPPORTIVE SERVICES (IHSS) ADVISORY COMMITTEE****COUNTY DEPARTMEN****HEALTH & HUMAN SERVICES AGENCY****CONTACT PERSON****Noelita Capps****PHONE NUMBER****(858) 495-5327****MAILSTOP****W433****FAX NUMBER****(858) 495-5080**

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**MEMBER NAME** Buwalda, William**APPOINTMENT** 10/1/2006 **MO#** **EXPIRATION** 9/30/2008 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Consumer Over 65 **COMMENTS** 1st Term Exp. 9/30/08

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**MEMBER NAME** Jackson, Jacqueline**APPOINTMENT** 10/1/2006 **MO#** **EXPIRATION** 9/30/2008 **TERM** 2 YEARS**NOMINATED BY** MEMBERSHIP SUBCOMMITTEE **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Consumer Under 65 **COMMENTS** 1st Term Exp. 9/30/08

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**MEMBER NAME** Owens, Shirley**APPOINTMENT** 5/1/2003 **MO#** **EXPIRATION** 6/30/2007 **TERM** 2 YEARS**NOMINATED BY** IHSS ADVISORY COMMITTEE **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Consumer Under 65 **COMMENTS** 2nd Term, Exp. 4/30/07, 1st Vice Chair thru 6/07

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**MEMBER NAME** Siders, Jonann**APPOINTMENT** 1/1/2006 **MO#** **EXPIRATION** 12/31/2007 **TERM** 2 YEARS**NOMINATED BY** AIS Advisory Council **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** AIS Advisory Council **COMMENTS** 1st Term Exp. 12/31/07

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**MEMBER NAME** Stevenson, John**APPOINTMENT** 1/1/2006 **MO#** **EXPIRATION** 12/31/2007 **TERM** 2 YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Provider/Family Member **COMMENTS** 2nd Term Exp. 12/31/07, Chair thru 6/07

Tuesday, May 22, 2007

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**MEMBER NAME** Stokes, Annie**APPOINTMENT** 1/1/2006 **MO#** **EXPIRATION** 12/31/2007 **TERM** 2 Years**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** CONSUMER UNDER 65 **COMMENTS** 2nd Term Exp. 12/31/07

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**MEMBER NAME** VACANT**APPOINTMENT** 1/1/2005 **MO#** **EXPIRATION** 12/31/2006 **TERM** 2 YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** COMMUNITY REP **COMMENTS** Replaces Cheryl Bergan.

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**MEMBER NAME** VACANT**APPOINTMENT** 1/1/2004 **MO#** **EXPIRATION** 12/31/2005 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** CONSUMER Under 65 **COMMENTS** District 3 - 1st Term

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**MEMBER NAME** VACANT**APPOINTMENT** 1/1/2003 **MO#** **EXPIRATION** 12/31/2004 **TERM** 2 YEARS**NOMINATED BY** IHSS ADVISORY COMMITTEE **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Consumer Over 65 **COMMENTS** DISTRICT 4, 2nd TERM, CO-VICE CHAIR

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**MEMBER NAME** VACANT**APPOINTMENT** **MO#** **EXPIRATION** 12/31/2003 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Provider Member **COMMENTS**

Tuesday, May 22, 2007

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***BCC NAME***

IN-HOME SUPPORTIVE SERVICES (IHSS) ADVISORY COMMITTEE

***COUNTY DEPARTMEN***

HEALTH &amp; HUMAN SERVICES AGENCY

***CONTACT PERSON***

Noelita Capps

***PHONE NUMBER***

(858) 495-5327

***MAILSTOP***

W433

***FAX NUMBER***

(858) 495-5080

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***MEMBER NAME***

Wilson, Virginia

***APPOINTMENT***

1/1/2004

***MO#******EXPIRATION***

9/30/2008

***TERM***

2 years

***NOMINATED BY***

Chief Administrative Officer

***APPOINTED BY***

Chief Administrative Officer

***REQUIREMENT***

Provider

***COMMENTS***

1st Term Exp. 9/30/08